

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

91890486

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17	1					
18		1				
19		2				
20		3				
21		4				
22		5				
23		6				
24		7				
25		8				
26		9				
27		10				
28		11				
29		12				
30		13				
31		14				
32		15				
33		16				
34		17				
35		18				
36		19				
37		20				
38		21				
39		22				
40		23				
41		24				
42		25				
43		26				
44		27				
45		28				
46		29				
47		30				
48		31				
49		32				
50		33				
TOTAL IND.	2		2			
TOTAL DEP.		27		23		
TOTAL CLAIMS	2	27	2	23		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS